Return this application to:

State Board of Hairdressers & Cosmetologists
111 St. James Court, Suite A, Frankfort, Kentucky 40601

ATTACH 2 X 2
HEAD SHOT PHOTO
HERE
PHOTO QUALITY ONLY!
NO PAPER COPIES
ACCEPTED!!

Date photo was taken:
_____

MANICURIST / NAIL TECHNICIAN
Application for Examination
NO REFUND OF EXAMINATION FEE
APPLICANT MUST SIGN FULL NAME, USE NO INITIALS
PLEASE FILL IN ALL BLANKS BELOW

This application must reach the Board Office completed at least ten (10) working days prior to the beginning examination date. **Examination fee of SEVENTY FIVE ($75.00) shall accompany this application. Payment must be a Money Order, Cashiers Check or Cash. No personal or business checks will be accepted!**

NOTE – The applicant is required to provide the following information; make no changes on the printed form; write distinctly **with ink.** Give full name; use no initials. **EXAMINATIONS GIVEN MONTHLY EXCEPT JULY AND AUGUST. You will be notified of the examination date from this office following the examination deadline.**

1. Full Name _____
(First) (Middle) (Maiden) (Last)

2. Current Address _____
(Street Address) (City, State, Zip Code)

3. Social Security Number _____ Phone Number _____

5. I have completed a student course of _____ hours in the _____

_____
(Name of School & Address, City, State & Zip Code)
and have received my diploma.

6. I have passed my student examination on the _____ day of _____, 20_____.

7. Date of Diploma _____ Date Verified _____ by _____
(Signature of Owner/School Rep)

8. Have you been convicted of a felony that **has not** been previously reported to the Board office? ☐ YES ☐ NO
If you answered yes, documentation of felony must be attached to this application for review by the Board.

9. Male _____ Female _____ Signature of Applicant _____

Issuance of Manicurist/Nail Tech License: $25.00 (Twenty-five dollars) – **After successful completion of the examination.**

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

_____
NOTARY PUBLIC

Commission Expires _____

ADA POLICY STATEMENT: The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.

March 30, 2010 Edition